

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1932

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

13048

1. PLACE OF DEATH
53 County Packville Registration District No. 449
Township Libanon Primary Registration District No. 5209
City Libanon (No.) St. Ward

2. FULL NAME Nannie A. Appley
(a) Residence, No. St. Ward
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robt. B. Appley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 12 1852

7. AGE YEARS 80 MONTHS 0 DAYS 6 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Packville Co Mo

13. NAME Robt. Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary E. Humphrey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Geo. Appley (ADDRESS) Libanon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Libanon Mo DATE Apr. 20 1932

19. UNDERTAKER Palmer (ADDRESS) Libanon

20. FILED 4/20 1932 J. M. Bellings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1931 to April 18 1932
I last saw him alive on April 17 1932 Death is said to have occurred on the date stated above, at 2:20 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Bronchitis Date of onset
1012 6613
Other contributory causes of importance:
Ophthalmic Gout
Relieved after operation

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. M. Bellings M. D.
(Address) Libanon Mo

